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CONFIRMATION NO. 9425

<b>SERIAL NUMBER</b> 10/688,108	<b>FILING OR 371(c) DATE</b> 10/17/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 1443.013US2
<b>APPLICANTS</b> Stephen Quirk, Alpharetta, GA;				
<b>** CONTINUING DATA *****</b> 11/21/2001 This application is a DIV of 09/991,552 11/21/2001 PAT 6,696,254 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/08/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> <i>PH</i> Verified and <i>PH</i> Acknowledged <i>PH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 37
				<b>INDEPENDENT CLAIMS</b> 15
<b>ADDRESS</b> 21186				
<b>TITLE</b> Detection and identification of enteric bacteria				
<b>FILING FEE RECEIVED</b> 2108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	